

OFFICE USE ONLY

| | | |
|----------------|------|--------|
| Account Number | Band | Scheme |
|----------------|------|--------|

Totalserve (Wholesale) Limited Account Application Form

Jeroboam & Schöff • Arbour Foods

Unit 2A • Arbour Court • Arbour Lane • Knowsley • Liverpool • L33 7XE. Tel: 0151 549 0151 Email: info@totalserve ltd.com

| | |
|--|---|
| Type of Company <small>New Ltd Companies / Sole Traders or Partnerships must sign a Personal Guarantee</small> Limited <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> | Type of Account Cash <input type="checkbox"/> Credit <input type="checkbox"/> Cheque <input type="checkbox"/> |
|--|---|

| | |
|------------------------|---------------------|
| Applicants Name | Outlet Title |
|------------------------|---------------------|

| | |
|--|----------------|
| Registered Office Address - Ltd companies only | Outlet Address |
| _____ | _____ |
| _____ | _____ |

| | | |
|---------------------|-------|--------|
| Business Tel | Email | Mobile |
|---------------------|-------|--------|

| | |
|--|--|
| Company Registered No. | Home Address - and previous if under 4 years |
| Address for invoices/statements (if different) | _____ |
| _____ | _____ |
| _____ | Postcode _____ |
| _____ | Home Telephone No. _____ |
| _____ | Do you own this home <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|---------------------------------|--|
| Credit limit applied for | Name of any joint owner: |
| Bank Ref: Bankers: | _____ |
| _____ | Previous address if applicable: |
| _____ | _____ |
| _____ | _____ |

| | |
|-----------------------------------|---------------------------------|
| Account No. _____ Sort Code _____ | Applicants Date of Birth |
|-----------------------------------|---------------------------------|

Breweries cannot be accepted as trade references.

| | |
|--------------------|--------------------|
| Trade Ref 1: Name: | Trade Ref 2: Name: |
| _____ | _____ |
| Address | Address |
| _____ | _____ |
| Telephone No. | Telephone No. |
| _____ | _____ |
| Fax No. | Fax No. |
| _____ | _____ |

I/We acknowledge receipt of a copy of your terms and conditions and should credit facilities be offered agree to settle all monthly accounts by the 14th of the month following delivery. I understand that until credit facilities have been authorized that all deliveries will be on a cash on delivery basis. I understand that a credit check will be carried out following and I duly authorise you to do this.

| | |
|---------------|-------------------|
| Signed | Print Name |
| _____ | _____ |

| | |
|---------------------|-----------------|
| On behalf of | Position |
| _____ | _____ |

| |
|-------------|
| Date |
| _____ |